

Language Interpretation: The Preferred Option for Addressing Language Barriers to Service Access for Newcomers in Ontario

A Review of the Evidence

Final Report – For Review

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1. Introduction

Increasingly, policy and decision-makers and professionals are turning to research-based evidence to support decisions about policy and practice. Systematic reviews are useful for gathering, summarizing, and synthesizing published and unpublished research about clearly defined service delivery strategies, practices or interventions. State-of-the-evidence reviews are broader than traditional systematic reviews, as they may include not only published and unpublished research, but also published and unpublished non-research literature. This state of the evidence review has gathered, summarized, and synthesized published and unpublished research and non-research literature, about the effectiveness of interpretation as a solution for addressing language barriers.

The goal of this review is to:

- Build upon previous literature reviews funded by Citizenship and Immigration Canada, Ontario Region (CIC) regarding language interpretation;
- Describe why interpretation is the preferred solution for addressing language barriers to service access and delivery in all human services in Ontario, and
- Help front line staff and managers in human services in Ontario present a business case for interpretation to a decision maker and/or funding partner.

Immigrants and refugees who have limited English and/or French language proficiency (LEP/LFP) are among the most vulnerable groups of people living in Ontario, experiencing high levels of unemployment and poor health and housing conditions. One of the main challenges experienced by newcomers as they navigate and attempt to access the human services required to address these issues is language barriers. When services are not linguistically appropriate, newcomers are not able to access the services they need in a timely manner and often, not at all. Conversely, one of the main challenges that service providers experience in the delivery of services to newcomers is an inability to communicate, and therefore the quality of services delivered is significantly impacted¹. This is the situation across Ontario's human services, be it health, settlement, legal, employment, housing or social services.

There is growing consensus that effective communication with people with LEP/LFP, as identified in the National Standard Guide for Community Interpreting Services, is most effective when service providers use trained/professional interpreters who: a) are fluently bilingual individuals with appropriate training and experience, b) are able to interpret with consistency and accuracy, and c) adhere to institutional standards of practice and ethical principals (Healthcare Interpretation Network 2007)². Nevertheless, with limited supports and resources available for interpretation in Ontario, the human services sector

¹ As identified through consultations with service providers during studies undertaken by Citizenship and Immigration Canada in 2009, 2010 and 2011.

² Refer to Links section in **Let's Talk** at

http://wiki.settlementatwork.org/wiki/Let%27s_talk/Links_to_Organizations_and_Documents

has developed a range of strategies that make use of relatives, friends, trained and untrained volunteers, and trained and untrained staff to address language barriers.³

The Canada Ontario Immigration Agreement (COIA) Consultation on the Settlement and Language Training Needs of Newcomers Report (Citizenship and Immigration 2008) called for an improvement to the delivery of language interpretation and translation services (LITS) in the Ontario settlement sector. As part of its commitment to addressing this issue, Citizenship and Immigration Canada (CIC), Ontario Region, has carried out several projects to improve the delivery of LITS in Ontario.

To this end, in January 2011, Citizenship and Immigration Canada (CIC), Ontario Region contracted with PSTG Consulting Inc. to develop **Let's Talk**, an electronic repository of information, resources and tools related to language interpretation. In the short term, the repository will help service providers throughout Ontario to better address language barriers encountered in the delivery of services to immigrants and refugees. Ultimately, the goal of this initiative is to improve newcomers' access to quality services.

Let's Talk was developed with the support of an Advisory Committee that was comprised of representatives from diverse human service organizations in Ontario, including community legal, community health, education, employment, settlement and community interpretation agencies. The content for the repository and its diverse sections was developed based on the needs and priorities identified through stakeholder consultation sessions. These sessions were held with front line and management staff from diverse human service organizations across Ontario.

Through the consultations, many stakeholders identified a need for information that they could use to prepare an effective business case that would help them to appeal for funding for interpretation services and/or help to increase buy-in in their organization for the provision of interpretation services. Therefore, this review, which presents the evidence for using interpretation as a strategy for addressing language barriers, is an important component of **Let's Talk**. **Let's Talk** can be found at http://wiki.settlementatwork.org/wiki/Let's_talk.

³ This review contends that effective service delivery to people with language barriers requires the use of professionally trained interpreters and argues for a standard approach to interpretation service delivery across the human services in Ontario. Nevertheless, it is recognized that, in the absence of legislation, policy or programs, the human service sectors have been creative and responsive in their use of strategies, many of which are highlighted in **Let's Talk**, to address language barriers.

1.2. Methodology and Presentation

This report presents a review of evidence regarding the effectiveness of interpretation as a solution for addressing language barriers. It was prepared by gathering, summarizing and synthesizing secondary sources of published and unpublished academic research, as well as unpublished or grey literature.

The literature review was undertaken primarily through a web-based search. The report used 'google' as a search engine based on the assumption that it can draw more results relevant to the search objectives, relative to other engines. Search phrases included: 'newcomers Canada statistics', 'interpretation, immigrants, Canada', 'immigrant's right to interpreters Canada', 'interpretation and legal liabilities', 'access to social services and interpreter', 'effect of language barriers', and 'language barriers health and mental health', 'language barriers education', 'language barriers employment', and 'language barrier and housing'. The review produced a variety of results including academic works, grey literature, news and social media reports and government publications. The report also used 'google scholar' to search for relevant studies in academic journals and series, using search phrases such as 'journal of immigrant health', 'journal of interpretation' and 'journal of public health'. To improve search results on academic literature, the review used 'scholar's portal' with search terms 'interpreters' and 'language interpreter'. The review found articles citing other peer-reviewed journal articles very useful as it provided sources for further research in the form of an extended bibliography.

The report also used previous works produced through funding from CIC. These are:

- A Study of the Need for Language Interpretation and Translation Services (LITS) in the Delivery of Immigrant Settlement Programs (CIC/PSTG 2009), and
- Developing Guidelines and Standards to Guide the Delivery of Interpretation in the Settlement Sector in Ontario (CIC/PSTG 2010).

As well, through the course of developing *Let's Talk*, key informant interviews were undertaken with numerous organizations. The findings from these interviews are referenced throughout this review .

1.3. Weaknesses

The majority of the evidence uncovered during this review is based in international jurisdictions. For example, most of the referenced works in both academic/non-academic literature is from the United States. Also, among the human service sectors, the review found that much of the literature regarding the impact of language barriers has been generated by the health services sector while less information regarding the impact of language barriers and/or the use of interpreters was found for other sectors such as housing, education, employment and settlement.

2. Glossary

Accredited Interpreter: An interpreter who has passed the screening criteria required by a particular organization and has been awarded a certain recognition or accreditation. An accredited interpreter is NOT necessarily a Certified Interpreter a Certified Court Interpreter or a Certified Conference Interpreter (Source: National Standards Guide for Community Interpreting Services).

Ad-Hoc Interpreter: An untrained individual who asserts proficiency in the relevant language pair, who is called upon or volunteers to interpret. Also called a chance interpreter or lay interpreter (Source: National Standards Guide for Community Interpreting Services).

Certified interpreter: Also known as an Accredited Interpreter. In the Ontario context, a Certified Interpreter has fulfilled the requirements of obtaining membership with Association of Translators and Interpreters of Ontario (ATIO). In this report, the term certified interpreter is used interchangeably with the terms trained interpreter, qualified interpreter and professional interpreter.

Client: In the context of this report, an individual that has limited English/French proficiency (LEP/LFP) needing interpreting services. In this report, client, LEP/LFP individual and service user are used interchangeably.

Court Interpreting: Interpreting that takes place in a court setting, in which the interpreter is asked to interpret either consecutively or simultaneously for a LEP/LFP individual who takes part in a legal proceeding (Source: National Standard Guidelines for Community Interpreting).

Cultural Competence: The integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services thereby producing better service delivery and client outcomes.

Diversity: The variety of characteristics that all persons possess, that distinguish them as individuals, and that identify them as belonging to a group or groups. Diversity is a concept that includes notions of age, class, culture, disability, ethnicity, family, sex, language, place of origin, race, religion, and sexual orientation as well as other characteristics that vary among people and groups within society (Source: University of British Columbia, Access and Diversity Glossary).

Ethnicity: Ethnicity is a social and political construct used by individuals and communities to define themselves and others. Specifically, ethnicity refers to a person's cultural background, including his or her language, origin, faith, and heritage. Ethnicity comprises the ideas, beliefs, values, and behaviours that are transmitted from one generation to the next. Ethnicity tends to be perceived in terms of common culture, history, language, or nationality. Ethnicity and ethnic identity are interchangeable terms (Source: University of British Columbia, Access and Diversity Glossary).

Employment Equity: Employment equity, as defined in Canadian law by the *Employment Equity Act*, requires employers to engage in proactive employment practices to increase the representation of four designated groups: women, people with disabilities, Aboriginal peoples and visible minorities.

Emerging Communities: New immigrant and refugee groups from source countries or regions not already well-established in Canada. The Karen community in Toronto is an example of this.

Family Class: Permanent residents sponsored by a Canadian citizen or a permanent resident living in Canada who is 18 years of age or over. *Family class* immigrants include spouses and partners (i.e., spouse, common-law partner or conjugal partner); parents and grandparents; and others (i.e., dependent children, children under the age of 18 whom the sponsor intends to adopt in Canada, brothers, sisters, nephews, nieces and grandchildren who are orphans under 18 years of age, or any other relative if the sponsor has no relative as described above, either abroad or in Canada). Fiancé(e)s are no longer designated as a component of the family class under the *Immigration and Refugee Protection Act* (Source: Citizenship and Immigration Canada)

Foreign students: Temporary residents who are in Canada principally to study in the observed calendar year. Foreign students have been issued a study permit (with or without other types of permits). Under the *Immigration and Refugee Protection Act*, a study permit is not needed for any program of study that is six months or less. *Foreign students* exclude temporary residents who have been issued a study permit but who entered Canada principally for reasons other than study (Source: Citizenship and Immigration Canada)

Foreign workers: Temporary residents who are in Canada principally to work in the observed calendar year. Foreign workers have been issued a document that allows them to work in Canada. Foreign workers exclude temporary residents who have been issued a work permit but who entered Canada mainly for reasons other than work (Source: Citizenship and Immigration Canada)

Healthcare/Medical Interpreting: Interpreting that takes place in a healthcare setting, in which the interpreter is asked to interpret either consecutively or simultaneously for an individual who does not share the language in which the healthcare service takes place (Source: National Standard Guidelines for Community Interpreter Services).

Human Services: Services that are provided to the public and which are publicly funded. This can include services delivered directly by government or by a transfer payment agency. Examples include education, employment, health, housing, legal/judicial, settlement and social (e.g., children's services, family services).

Immigrant: Often used as the short term for "landed immigrant", this is the term used prior to the adoption of the term "permanent resident", and refers to someone who has been granted permanent resident status in Canada.

Interpreting: The act of facilitating spoken language communication between two or more parties who do not share a common language by delivering, as faithfully as possible, the original message from the source into the target language (Source: National Standard Guidelines for Community Interpretation Services).

Interpreter: A person who facilitates spoken language communication between two or more parties who do not share a common language by delivering, as faithfully as possible, the original message from the source into the target language (Source: National Standard Guidelines for Community Interpretation Services).

Language Ability: According to Citizenship and Immigration Canada and Statistics Canada there are four categories of language ability related to Canada's official languages. These are: English only, French only, both French and English, and neither language. These are self-declared indicators of knowledge of an official language (Source: Citizenship and Immigration Canada).

Language Barriers: Lack of proficiency in either of Canada's official languages presents numerous challenges/barriers to individuals with LEP/LFP when accessing human services. This is particularly the case when linguistically appropriate services are not offered to meet the language needs of this population. Language barriers, therefore, often contribute to inequitable access to services and negative outcomes.

Limited English Proficiency/Limited French Proficiency (LEP/LFP): In this report, LEP/LFP are used interchangeably to refer to the recent immigrant population with limited English/French proficiency and who face language barriers to accessing services.

Linguistically Appropriate Services: Services that meet the linguistic needs of service users. Provision of trained language interpreters is used as a principal example of providing linguistically appropriate services in this report.

Medical Interpreter: Individual that functions as an interpreter between original and target language in the medical field. See also Healthcare Interpreting.

Newcomer: In this document newcomer and recent immigrants are used interchangeably. See Recent Immigrants.

Permanent residents: People who have been granted permanent resident status in Canada. Permanent residents must live in Canada for at least 730 days (two years) within a five-year period or risk losing their status. Permanent residents have all the rights guaranteed under the Canadian Charter of Rights and Freedoms such as equality rights, legal rights, and mobility rights, freedom of religion, freedom of expression and freedom of association. They do not, however, have the right to vote in elections (Source: Citizenship and Immigration Canada).

Principal Applicants: Permanent residents identified as the principal applicants on their application for a permanent resident visa when they apply to immigrate to Canada for themselves and, if applicable, for accompanying spouse and/or dependants. For individuals or families applying to immigrate to Canada in the skilled worker category only the principal applicant is assessed on the basis of the selection criteria that are in place at the time of the application (Source: Citizenship and Immigration Canada).

Professional Development: For the purposes of this report, this refers to the requirement placed upon interpreters to continuously develop their professional knowledge and skills (Source: National Association of Translators and Interpreters).

Professional Interpreter: An individual who is fluently bilingual and who has: received appropriate training through a recognized interpreter training organization; has the experience to be able to interpret with consistency and accuracy, and who adheres to a recognized Standard of Practice and Ethical Principles (Source: National Standard Guidelines for Community Interpreter Services). In this report professional interpreter is used interchangeably with trained interpreter and qualified interpreter. Also see Accredited Interpreter and Certified Interpreter.

Recent Immigrants: Recent Immigrants and newcomers are used interchangeably in this report to refer to a new immigrant population in Canada. Although no parameters have been established in this report to define “recent” in terms of number of years in Canada, documents have been cited which draw upon statistics regarding immigrants arriving in Canada up to 15 year ago.

Refugees: Permanent residents in the refugee category include government–assisted refugees, privately sponsored refugees, refugees landed in Canada and refugee dependants (i.e., dependants of refugees landed in Canada, including spouses and partners living abroad or in Canada) (Source: Citizenship and Immigration Canada).

Service User: A consumer of services. In this report service user, clients and patients are used interchangeably.

Standards of Practice/Standardization: Defines the framework from which an oral language interpreter’s performance is conducted and measured. Standards of practice guide how a language interpreter will perform his/her role, duties and responsibilities (Source: National Standard Guide for Community Interpreting Services).

Temporary residents: Foreign nationals who are lawfully in Canada on a temporary basis under the authority of a valid document (i.e., a work permit, study permit, temporary resident permit, or a visitor record) issued for the purpose of entering Canada. In addition, this includes individuals who seek asylum upon or after their arrival in Canada and remain in the country pending the outcome of processes relative to their claim. Temporary residents include foreign workers, foreign students, the humanitarian population and other temporary residents. The other category of temporary residents is not profiled in this publication (Source: Citizenship and Immigration Canada).

Translation: The process of transposing the meaning of a written text from one language (source) to the other (target) by producing an equivalent target text that retains the elements of meaning, form and tone (Source: National Standard Guide for Community Interpreting Services).

Urban area: Refers to selected urban areas in Canada that are the intended destination for permanent and temporary residents. The urban areas are either census metropolitan areas (CMA) or census agglomerations (CA) and are named in accordance with Statistics Canada's 2001 Census definitions for these geographical units. A census metropolitan area has an urban core with a population of at least 100,000. A census agglomeration has an urban core with a population of at least 10,000 (Source: Citizenship and Immigration Canada).

Visible minority: Used in the context of Canadian federal legislative documents, specifically the Employment Equity Act, which describes visible minorities as "persons" other than Aboriginals who are non-Caucasian in race or non-white in colour." The term "visible minorities" is also used as a demographic category by Statistics Canada. This report acknowledges that this term is considered by many service providers and researchers to be inherently problematic, and is used here to maintain terminological consistency with works cited in the report.

3. Assessing the Need

3.1. What is the issue?

As the number of people immigrating to Canada is steadily on the rise (Statistics Canada 2009), so too are the challenges to service access and delivery caused by language barriers, especially for those who do not speak one of Canada's official languages fluently. Different studies have shown that language barriers continue to present challenges to recent immigrants when accessing health, education, housing, employment, settlement and other human service sectors⁴.

The health sector is most prolific when it comes to reporting the impact of language barriers. Several studies have noted the impact that limited English/French proficiency has on access to services and quality service delivery in Canada⁵. In their literature review on the costs of not providing interpreter services, Access Alliance Multicultural Health and Community Services (AAMHCS) suggests that language barriers have a significant impact on quality of health care in terms of effectiveness, safety, timeliness and patient centeredness (Access Alliance 2009). Further, one study concludes that 'patients less able to communicate are actually receiving far fewer services than are English speaking patients of the same racial and ethnic distribution' (Bernstein et al. 2002, p. 175). Other studies have found an association between length of stay in Canada and the underuse of preventative health services and also between speaking a language in the home other than English or French and the underuse of preventative health services (Hyman 2002; Goel 1994; Goel & Mercer 1999 as cited in Access Alliance 2009, p. 11). The impact of language barriers on access to mental health services has also been noted in several academic and non-academic reports (McKenzie et al. 2009). Generally, there is evidence to suggest that people from non-English speaking backgrounds under-utilize mental health services (Minas et al. 2001). Among newcomers, language barriers, along with stigma and lack of awareness of services, contribute to delays in accessing treatment for mental health (McKenzie et al. 2009). These findings have led some to conclude that "(the) largest single barrier to equitable health care is language" (MacAdam & Joshi 2007, p. 8).

Although less frequently reported, the impact of language barriers on other human services is also significant. For example, studies in the settlement sector have shown that access to language interpretation services is a critical missing link in settlement (Northwest Scarborough LIP, 2010). Other reports show that the risk of homelessness among recent immigrants is compounded by limited interpretation and translation services (Preston et al. 2009). Other studies have shown that language barriers are a key contributor to employment inequity (Russell & White 2002 cited in Yee et al. 2006, p. 9). In Ontario, the Canada Ontario Immigration Agreement (COIA) identified a lack of proficiency in

⁴ See section 3.3 for an elaboration on the impact of language barriers on health, education, housing, employment, settlement and legal services.

⁵ It should be noted that due to limited Canadian sources this report cites both national and international studies to make a case for linguistically appropriate human services.

English or French as a key barrier that has contributed to the increasing economic disparities facing immigrants.

Connecting across Language and Distance: Linguistic and Rural Access to Legal Information and Services, a study commissioned by the Law Foundation of Ontario, reports that the vast majority of people who experience language barriers are immigrants to Canada. Those who do not speak English or French are unlikely to be able to read or understand public legal information unless it has been translated. They are also less likely to be able to communicate without the assistance of an interpreter when working with legal service providers who speak only English or French. The report recognizes that, while providing legal information and services in a client's first language is ideal, it is not always possible given the number of languages and dialects spoken in Ontario and the limited number of service providers who can communicate with their clients in their first language (Cohl & Thomson 2008).

Many studies are now calling for an acknowledgement of the critical role of language and its relationship to access to services and information (Ontario Women's Health Network 2007; Munger et. al. 2010; Hadadd et al. 2010). As a result, language interpretation and translation services are increasingly recognized as a key strategy for supporting newcomer access to human services in the province.

3.2. Why does the need exist and who is affected?

3.2.1. Immigration Rates⁶

Several Canadian government sources (i.e., Statistics Canada, Citizenship and Immigration Canada, Ministry of Citizenship and Immigration, etc.) indicate that the number of newcomers to Canada is on a steady increase. A survey of both the current and projected number of newcomers to Canada helps make a strong case for language interpretation services.

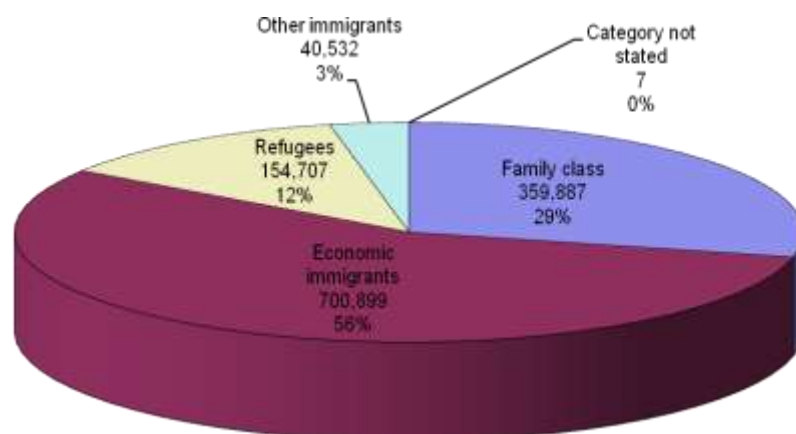
Figure 1: Landings to Ontario 2000 - 2009 (Source: Citizenship and Immigration Canada (CIC), 2010)

Landings in Ontario between 2000 and 2009										
Year/Province	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ontario	133,510	148,641	133,588	119,722	125,094	140,525	125,892	111,315	110,878	106,867
TOTAL: 1,256,032; Total % of Landings in Canada: 52.03%										

⁶ It is important to note that all statistics used in this report to calculate the number of newcomers to Canada include only permanent residents to Canada and exclude temporary residents. The aggregate or total number of entrants to Canada, including temporary residents such as foreign workers and students, is significantly higher. For example, according to Citizenship and Immigration Canada's Facts and Figures 2010, 178,268 foreign workers and 85,178 students entered Canada in 2009. Including temporary residents and permanent residents raises the total number of entrants in 2009 from 252,179 (only permanent residents) to 515,625 (permanent residents, foreign workers and students) (CIC 2010)

According to Citizenship and Immigration Canada, over 2,414,000 permanent residents landed in Canada between the years 2000 and 2009. As outlined in Figure 1, over half, or approximately 1.3 million people, landed in Ontario (CIC 2009). In addition, there is an expectation of sustained immigration to Canada over the next 12 years (Statistics Canada 2005) reflecting that the federal government is committed to an aggressive immigration policy and to maintaining immigration levels.

Figure 2: Ontario Permanent Residents by Category 2000-2009 (Source: CIC, 2009)

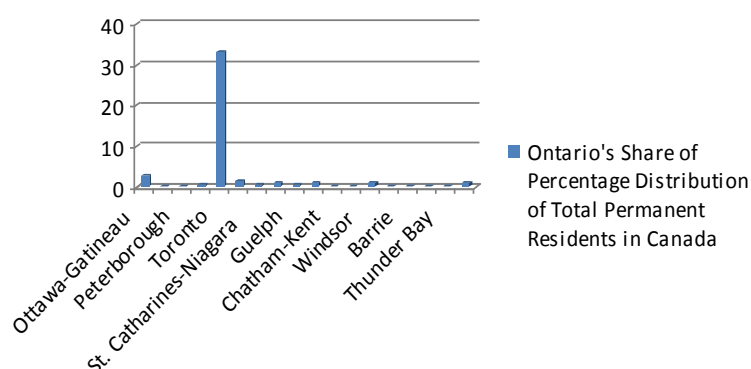


Out of 1,256,032 permanent residents settling in Ontario in the years between 2000 and 2009,

- 56% were economic immigrant class
- 29% were family class
- 12% were refugee class
- 3% were classified under the other immigrant class

Newcomers from the family and refugee classes tend to have lower first language literacy rates and more frequently lack proficiency in either official language (See 3.2.2.: Language Ability for elaboration). As of 2009, nearly 35% of all permanent residents in Canada or 82% of all newcomers to Ontario are choosing to land in Toronto. Figure 3 lists the percentile distribution of Ontario's portion of permanent residents by different urban areas in Ontario.

Figure 3: Permanent Residents in Ontario's Urban Areas for 2009 (% distribution) (Source: CIC 2009)



A Statistics Canada (2010) study reveals some interesting figures on projected diversity based on foreign-born population and visible minority groups, including the following:

- Overall, projected numbers show significant increases in the number of foreign-born and in the visible minority population. By 2031, between 25% and 28% of the population could be foreign born. About 55% of this population would be born in Asia. The foreign-born population could increase four times faster than the rest of the population.
- Nearly one half (46%) of Canadians aged 15 and over could be foreign-born or would have at least one foreign-born parent by 2031
- By 2031, between 29% and 32% of the population could belong to a visible minority⁷ group, as defined by the Employment Equity Act.
- 47% of second generation Canadians could belong to a visible minority group- almost doubling the proportion of 24% reported in 2006, when 5.3 million people in Canada belonged to visible minority groups.
- Ontario's population is projected to experience robust growth over the next two decades, primarily through immigration. It is projected to grow by over 30% or nearly 4 million people by 2031.
- More than 71% of all visible minority people will live in Canada's three largest census metropolitan cities: Toronto, Montreal and Vancouver.

Based on the most recent data regarding newcomer landings in Canada and in Ontario, as well as future trends, there is a strong rationale for the provision of linguistically appropriate human services. Further, the number of immigrants, both temporary and permanent, who may require access to some, if not all of the human services, helps to make a strong case for linguistically appropriate services.

⁷ Visible minority groups, as defined by the Employment Equity Act are groups of "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour". The visible minority population in Ontario consists mainly of the following groups: Chinese, South Asian, Black, Arab, West Asian, Filipino, Southeast Asian, Latin American, Japanese and Korean.

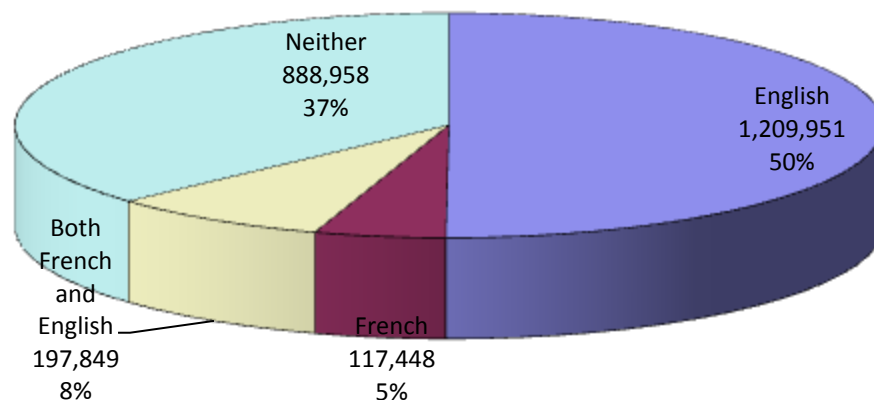
3.2.2. Language Ability

The 2006 Census indicates that 98% of Canadians speak either French or English. However, as shown in Figures 4 and 5, among 2.4 million newcomers to Canada between the years 2000 and 2009, only 50% speak English, 8% speak both English and French, 5% speak French only, and significantly, 37% speak neither English nor French. Approximately 86% of Canada's permanent residents in 2008 have a mother tongue that is neither English nor French. Furthermore, in 2008, an estimated 21% of Canada's Permanent Residents (approximately 24,000 people) felt they could converse in neither official language (CIC 2008).

Figure 4: Official Language Ability of Newcomers (Source: CIC, 2010)

Official Language Ability	2000 – 2009 Total Landings	% of Landings to Canada
English	1,209,951	50 %
Neither	888,958	37 %
Both French and English	197,849	8 %
French	117,448	5 %
Total Landings to Canada	2,414,206	100 %

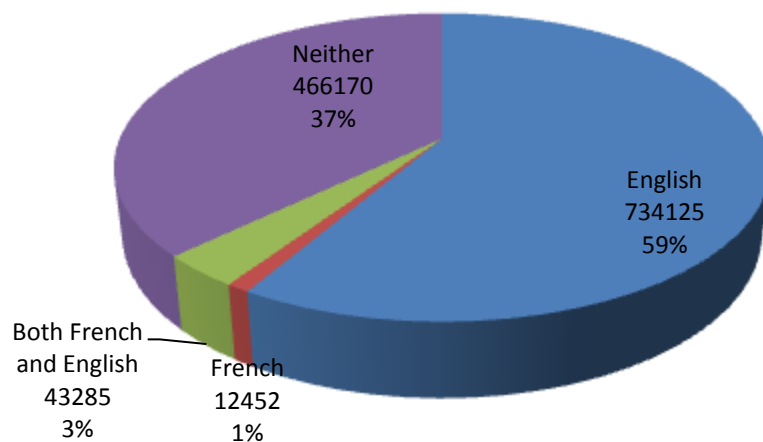
Figure 5: Official Language Ability of Newcomers in Canada 2000-2009 (Source: CIC, 2010)



The experience among newcomers in Ontario is similar to the national trends. With only 63% having official language ability (CIC 2009), 37% or over 45,000 newcomers in Ontario do not speak either of the national languages (Figure 6). This is based on averages from the past 10 years.⁸

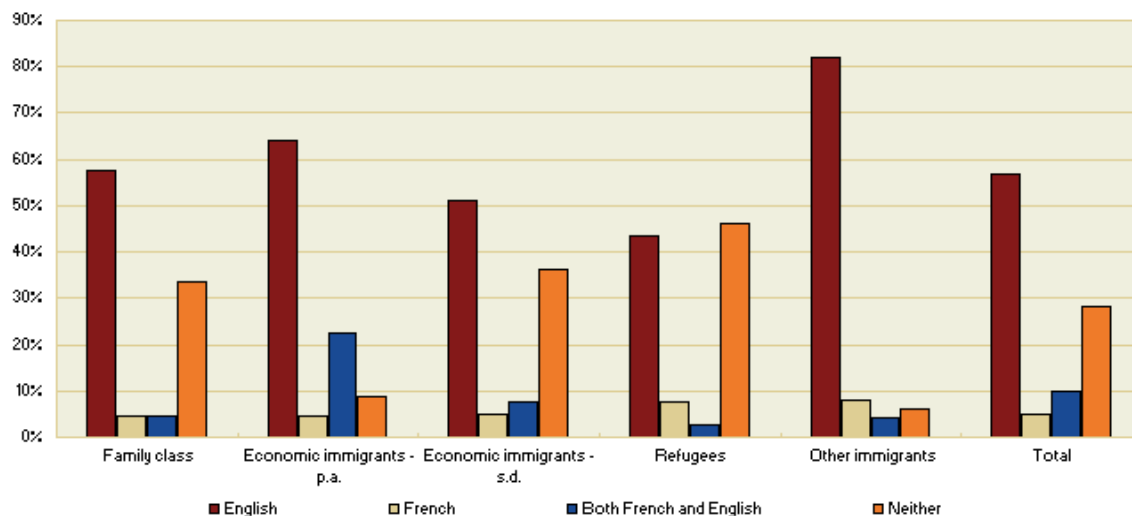
⁸ The actual number is significantly larger since the CIC numbers do not include temporary residents (foreign workers and students) in their calculation. See footnote 6 for more details.

Figure 6: Official Language Ability of Newcomers to Ontario 2000 - 2009 (Source: CIC, 2010)



As mentioned earlier, newcomers from the family and refugee classes tend to have lower first language literacy rates and more frequently lack proficiency in either official language. A comparative look at newcomers by immigration category (by family class, economic, refugee and other) in 2008 indicates that the refugee class has the highest proportion of individuals who speak neither English nor French. Newcomers in the economic class (spouses and dependants) are a close second, followed by family class newcomers (See Figure 7).

Figure 7: Official Language Ability by Immigration Category (% distribution) in 2008 (Source: CIC, 2008)



The statistics regarding language ability indicate that there is a significant need and demand for interpretation and translation services in Ontario today and well into the future.

3.2.3. Linguistically Appropriate Service Delivery

Despite the existing and projected need for linguistically appropriate services, services are not changing quickly enough (Access Alliance 2009; Hadadd et al. 2010; Munger et al. 2010; CIC/PSTG 2009; CIC/PSTG 2010; Preston et al. 2009) to meet these needs.

Figure 8 below shows that almost 10,000 (or 12% of total clients) additional new service users accessed settlement services in Ontario in each of the years between 2006 and 2008 (CIC 2009). A CIC/PSTG (2009) study surveyed settlement organizations and found that 93% of the organizations use some variation of interpretation to deliver services to clients. However, the same survey revealed that most agencies (85%) rely primarily upon staff to deliver these interpreter services. Further, due to a lack of funding to pay for qualified interpreters, agencies use a combination of trained and untrained staff, trained and untrained volunteers, trained, paid interpreters and client-provided interpreters (i.e., family, friends, etc.) to deliver interpretations services.

Figure 8: Number of CIC Program Users (Source: CIC, 2008)

	National 2006	Ontario 2006	National 2007	Ontario 2007	National 2008	Ontario 2008
RAP	5,108	1,946	5,136	1,906	3,178	1,083
ISAP	66,309	55,155	70,191	57,828	77,800	66,114
ISAP - youth and family	397	0	1,298	312	4,362	1,231
ISAP - job search	5,170	5,127	5,153	5,124	4,420	4,403
HOST	3,997	2,756	4,559	3,114	3,878	2,477
TOTAL	80,981	64,984	86,337	68,284	93,638	75,308

Further, the same study found that the need for language interpretation services is increasing across the other human service sectors, a finding which is consistent with the increase in newcomers using settlement services as well as overall Ontario immigration trends.

3.3. What are the Risks of not Addressing this Issue?

In light of the current and projected statistics regarding growing diversity in Canada and census data regarding official language ability among immigrant populations, the lack of linguistically appropriate services has a critical impact on the ability of the health/mental health, education, housing, employment and settlement sectors to respond to their clients' needs.

3.3.1. Health

A review of the existing academic and non-academic literature in Canada and international jurisdictions shows that language barriers have a significant impact on health care quality, particularly in the areas of effectiveness, safety, timeliness, patient satisfaction and patient centeredness as seen by the following key findings:

- Language barriers are associated with lower access to timely evidence-based health services (Semdley et al. 2002 as cited in Access Alliance 2009, p.3). Studies have shown that language barriers can be correlated with the experience of receiving inadequate medical services, the overuse of medication, and indicate that patients with language difficulties, "experience a lower likelihood of having a usual source of medical care (Kirkman-Liff & Mondragón 1991; Hu & Covell 1986; Weinick & Krauss 2000), as well as lower rates of mammograms, pap smears, and other

preventive services (Marks et al. 1987; Woloshin et al. 1997, as cited in Flores 2005, p. 256).

Other studies show that adult patients with language barriers experience longer waiting times to see a physician in the emergency department (ED) and delays in surgery, and they are less likely to receive renal transplantation than patients without language barriers (Access Alliance 2009).

- Language barriers are associated with lower patient satisfaction. A study looking at patient satisfaction involving patients who received interpretation (IPs), those who did not receive interpretation (NIPs), and English-speaking patients (ESPs), found that ESPs stayed in a hospital three hours longer than IPs and NIPs. NIPs stayed in the hospital for the shortest period of time, received more tests and intra-venous treatment and received the fewest medications (Bernstein et al. 2002, p.174). The study indicated that non-English speakers were less satisfied with their ED care, were less willing to return for follow-up medical care, and reported more problems with emergency care.
- Language barriers are often associated with misdiagnosis and inappropriate treatment. For example, there is a greater likelihood of a diagnosis of more severe psychopathology and of leaving the hospital against medical advice among psychiatric patients who have language barriers (Marcos et al. 1973; Baxter & Bucci 1981). This population is also at increased risk to experience complications related to the inappropriate use of prescription drugs (Gandhi et al. 2000, as cited in Flores 2005, p.256). One study argues that if communication between a clinician and client in a mental health setting is inadequate the probability of diagnosing and treating the client is higher than situations where there are no communication barriers. This can lead to under-estimation or over-estimation of the severity of psychopathology, a failure to recognize psychopathology, and/or the diagnosis of psychopathology which is not present (Minas et al. 2001). Studies also suggest that language barriers limit the process of informed consent and contribute to preventable morbidity and mortality (Access Alliance 2009). Moreover, a substantial number of studies document how language barriers can have a major adverse impact on health and health care, including impaired health status (Kirkman-Liff & Mondragón 1991; Hu & Covell 1986).
- Language barriers are associated with lower patient compliance with treatment and appointments. Non-adherence to prescribed pharmaceutical care due to language barriers has been identified as an important challenge for pharmacists providing care to patients with limited English proficiency at ambulatory clinics in Toronto (Phokeo & Hyman 2007). Further, Bernstein's study found that IPs were "also more likely than NIPs to demonstrate follow-up clinic visits and less likely than NIPs to return to the ED" (Bernstein et al. 2002, p. 174).

Furthermore, different studies point to the importance of recognizing the varying and intersecting health needs of different newcomer populations as well as the impact of language barriers upon diverse populations. For example:

- One study notes that "inappropriate models and programs, designed for non-immigrant or male clientele, constitute an act of negligence by the Canadian health system whose mandate is to provide adequate care and services to the entire population. In erasing immigrant women from

agendas, policies and programs, we impose detrimental alterations to their identities and encourage a continued deterioration of their health status” (Martinez et al. 2000, p. 396).

- It has been found that refugee claimants and immigrant women are more vulnerable and their health needs, especially post-partum concerns, are not adequately addressed by the Canadian health care system. In light of their language barriers, the study observes that these women either did not receive information or did not understand the information provided well enough to learn how to identify and tackle post-partum depression (Merry et al. 2011, p. 288).
- Another study reports the importance of distinguishing seniors, refugee women, and people from visible minority groups as more vulnerable populations. It notes that providing information about major health risks to immigrant communities in their first language is useful, especially to seniors (MacAdam & Joshi 2007, p. 11).

3.3.2. Education

Findings from consultations conducted with school boards across the province during the course of this project highlight the importance of culturally sensitive service provision (i.e., language interpretation and translation services) in the context of addressing language barriers among students and their

parents⁹. As the regions surrounding the Greater Toronto Area continue to grow, they are becoming the destination of choice for diverse newcomer communities, and increasingly, for racialized communities whose first language is not English or French. School boards are often the first point of contact for many families with school-aged children. School Boards consulted for this project state that while the number of newcomer students entering the public schools each year is increasing, parents with limited English proficiency are hesitant or unable to become involved in their children's learning without support.

The Ontario Ministry of Education administers the system of publicly-funded elementary and secondary school education in Ontario. In 2007-2008 there were 2,087,588 students attending 4,026 elementary and 897 secondary schools in Ontario. According to Ryerson University's Department of Geography, the largest number of newcomer students in Ontario were enrolled in the following municipalities: Toronto (11,338), Mississauga (9,946), North York (8,570), Scarborough (6,291), Brampton (4,515), Etobicoke (2,945), Ottawa (2,456), East York (2,215), London (1,859) and Hamilton (1,854) (Ontario Ministry of Education 2009). Findings from previous CIC/PSTG studies (2009, 2010) indicate that overall there is a lack of governmental directive or funder requirement that stipulates the provision of interpreter services to students and their parents.¹⁰

3.3.3. Housing

Several studies link limited and/or the lack of official language proficiency to inequitable access to housing and to the risk of homelessness. One study contends that, in addition to other factors such as level and source of income, race/ethnicity, immigration status, religion, household status and gender, there is evidence to suggest that language and accent contribute to differential access to housing (Dion 2001 as cited in Access Alliance 2005, p. 7). Another study found that next to income, lack of official language proficiency was the most important factor in housing discrimination (Zine 2002 as cited in Access Alliance 2005, p. 7). Further, findings from a pilot study in York Region show that a recent immigrant is at risk for becoming homeless due to limited availability of social services. This risk is further exacerbated by the limited availability of interpretation and translation services (Preston et. al. 2009).

3.3.4. Employment

Several studies have shown that language barriers pose an obstacle to employment (Access Alliance 2005) and are a key contributor to employment inequity (Russell & White 2002 as cited in Yee et al. 2006, p. 9). While knowledge of an official language is positively correlated to higher income earnings, those with limited English language ability are more likely to earn less, be unemployed and/or live in poverty (Creticos et al. 2006; Martinez & Wang 2006; Ray 2004). One key study, *The Longitudinal Survey of Immigrants to Canada (LSIC)*, found that language constitutes the most serious barrier newcomers

⁹ For an example of how the Halton and Peel Region District School Boards are addressing language barriers please refer to Case Studies found at **Let's Talk** at

http://wiki.settlementatwork.org/wiki/Let%27s_talk/Promising_Practices_and_Case_Studies_in_Ontario

¹⁰ More information regarding this CIC report can be found at **Let's Talk** at

http://wiki.settlementatwork.org/wiki/Let%27s_talk/CIC_Reports_and_Literature_Reviews

face in furthering their education or training and it is among the most serious barriers to finding employment (Statistics Canada 2003). Further, a lack of skills in either official language was identified by 22% of the study participants as the greatest hurdle when seeking employment. Among immigrants who could not converse in English or French, 69% identified language barriers as the most serious problem in finding employment (Statistics Canada 2003). When asked about the difficulties encountered in Canada four years after their arrival, newcomers were most likely to identify finding a job (38%) and learning a new language (18%) as the most severe difficulties (Statistics Canada 2007).

Language barriers are also an issue when recent immigrants attempt to obtain professional licences. Most of the information on the Canadian government websites is available only in English and French, and is not accessible to those with limited English or French proficiency (Access Alliance 2006, p. 6). One interesting study shows that while certain human services, such as social work, would benefit from an increase in service providers who speak different languages, recent immigrants report being generally excluded from social work jobs (Russells & White 2002 as cited in Access Alliance 2006, p. 9).

3.3.5. Settlement

Because newcomers require support to access housing, education, legal and health care services, settlement workers regularly interface with these human service sectors. However, various studies have shown that language interpretation is a critical missing link in settlement (Northwest Scarborough LIP 2010; CIC/PSTG 2009). Further, the CIC/PSTG (2009) study titled *A Study of the Need for Language Interpretation and Translation Services in the Delivery of Settlement Services in Ontario* confirmed that settlement agencies lack access to trained and tested interpreters for the provision of settlement services and made recommendations to improve the delivery of language interpretation in the settlement sector¹¹.

3.3.6. Legal

Several studies have shown that language barriers and the lack of appropriate language services have critical impacts on newcomers' experience with the legal/judicial system. In Ontario, studies indicate that people with limited English proficiency face barriers in obtaining legal information and advice. Those with LEP may be unaware of their legal rights and existing legal services, and often are unable to understand legal documents or communicate with legal service providers (Cohl & Thompson 2008; South Ottawa Community Legal Services 2011). Studies in other jurisdictions have shown that the denial of interpreters has resulted in misrepresentation and/or misinformation, inappropriate sentencing, higher legal errors and exacerbated legal and personal risks to individuals with limited English proficiencies (National Language Access Advocates Network (N-LAAN) 2010; Aranguran 2007). Studies also show that the lack of legal documents in languages other than English leads to confusion and/or misunderstanding, which has significant negative impact on people with limited English proficiency. Further, the unavailability of interpreters for rare languages further exacerbates the barriers to accessing legal services (N-LAAN 2010).

¹¹ More information regarding this report can be found at *Let's Talk* at http://wiki.settlementatwork.org/wiki/Let%27s_talk/CIC_Reports_and_Literature_Reviews

4. The Proposed Solution

4.1. What is the current state of interpretation in Ontario?

Despite the growing number of people who lack proficiency in French or English, language barriers continue to present challenges to quality service delivery. This has been shown to have a significant impact on health, education, employment, settlement, and housing outcomes. There is evidence to suggest that services are not changing quickly enough to address service users' growing needs, and that there is room for substantial improvement in Ontario's delivery of linguistically appropriate services. Reports also indicate that across the human services, immigrants with limited English/French proficiency often do not have access to services that provide trained interpreters and frequently need to rely upon friends, family members, volunteers or untrained staff members to meet their language needs (CIC/PSTG 2009; Munger et al. 2010, Hadadd et al. 2010). More specially, a recent survey of health service provider organizations conducted by the Toronto Central Local Health Integration Network (TCLHIN) indicates that even though the reported need for language services is high, only 55% of organizations surveyed use professional interpreters to deliver care, and further, that interpretation is used in only 25% of the situations that may warrant this need. Furthermore, 77% of the organizations that were surveyed admitted to not collecting any form of language information about their clients (Hadadd et al. 2010, p. 10).

Funding has been identified as the single most pervasive barrier to the provision of language interpretation services. 64% of the organizations surveyed by the TCLHIN identified cost/reimbursement as their main barrier to providing interpreter services (Hadadd et al. 2010). In fact, funding is the critical barrier to interpretation service delivery identified by providers across the human service sectors (CIC/PSTG 2009, pp. 24-25).

Access to interpretation services is not uniform across Ontario. In urban centres, such as the Greater Toronto Area, access to interpretation is more readily available due to the sheer number of newcomers available to provide the service in a wide range of languages (CIC/PSTG 2009). However, access to interpretation outside of urban centres is poorer. In Northern and rural communities, access to interpretation is particularly limited as a result of deficiencies in funding, appropriate technology, program management and/or organizational practices and capacity (CIC/PSTG 2009, p.20). Further, newcomers from new and emerging immigrant communities and language groups often do not have access to trained interpreters that may be available in larger or more established immigrant communities. When such emerging communities are located outside of the GTA, access to interpretation is further limited.

Several studies have also shown that, despite the recognition of their importance, language interpretation and translation services across Canada are lacking standardization. There is currently not a legislative framework in place to define interpretation standards nor is there professional recognition for the role of the interpreter (CIC/PSTG 2009, pp.20 - 23). As a result, policies, standards and guidelines are inconsistent across agencies providing or using language interpreter and translation services in Ontario (Hadadd, et. al. 2010). Similarly, there is a lack of standardization with regards to the training,

testing and on-going performance management of interpreters. For example, 60% of the TCLHIN's survey respondents use clinical and non-clinical bilingual staff and 32% count on family and friends. Health organizations that use bilingual volunteers and clinical and non-clinical staff provide little, if any, training with approximately 90% having no training at all. Further, among those organizations which do employ professional and/or medical interpreters, the use of a recognized standard, such as the Canadian Standard Guide for Community Interpreting Services, to guide the hiring and/or training process was limited. For example, it was reported that few medical interpreters have college level interpreter training (8%) or recognized credentials (14%) (Hadadd et al. 2010).

The CIC/PSTG review of different sectors in Ontario (domestic violence, social services, the courts system and health services) and different jurisdictions (Australia, United States, United Kingdom, British Columbia, Quebec and Ontario) found that Canada and Ontario pales in comparison to other jurisdictions. The study found interpretation to be an emerging service delivery field, with little documented in the way of practice or research. The review indicated that:

- Most jurisdictions (e.g., Australia) that are considered to have a progressive and effective approach to language interpretation and translation services (LITS) have in place key legislative/policy frameworks which make possible a coordinated and centralized approach to the administration, funding and delivery of interpretation services.
- The legislative and policy framework in Canada is not as strong as it is in these other countries. In Ontario, neither legislation nor a cross-sectoral policy that applies to the human services has been developed to guide language interpretation and translation services.
- The service delivery system in Ontario is fragmented, with decisions and delivery systems differing at the organizational, regional and provincial levels
- Progressive jurisdictions also apply consistent standards and guidelines for the training, testing and on-going performance management of interpreters.
- Ontario lacks a consistent approach to the training and testing of interpreters across the human service sectors due to the lack of a standard province-wide approach to training, testing and the use of a blend of volunteer, staff and paid interpreters.
- Jurisdictions that are the most pro-active and effective in delivering interpretation and translation services have framework in place that informs organizations and service users about the requirements for providing these services.

4.2. What are financial costs and legal risks of staying with the current situation?

The absolute costs of failing to address language barriers have not been well researched or documented. In fact absolute cost benefit analysis is difficult to undertake when many of the socioeconomic benefits or costs in terms of quality, equity and well-being are intangible and hard to quantify (Hadadd et al. 2010). However, although the literature has not identified any recent articles that calculate the impact of language barriers in terms of absolute costs, several studies, with a focus on the health and legal sectors, address the human, legal and indirect financial impacts and risks of failing to address language barriers.

4.2.2. Health

Several studies undertaken in the health sector argue that language barriers and the lack of professional interpretation services can be linked to negative outcomes for clients and rising health care costs.

- A survey of six hospitals carried out over a seven-month period discovered that, among 251 adverse events involving patients with limited English proficiency (LEP), 130 (52%) were related to communication problems. Among 832 adverse events reported for English-speaking patients over the same period, 299 (36%) were related to communication problems. The study also found that nearly one of five (19%) reported adverse events among LEP patients resulted in moderate temporary harm. A small number (4%) resulted in severe temporary harm or death—more than twice the rate that occurred among English-speaking patients (Divi et al. 2007).
- The risks involved in using lay interpreters can be greater than not using interpreters at all. The most common lay-interpreter errors are “omission” (52%), in which the interpreter leaves out an important piece of information, “false fluency” (16%), in which the interpreter uses words or phrases that do not exist in a specific language, “substitution” (13%), in which a word or phrase is replaced with another word or phrase of a different meaning, “editorialization” (19%), in which the interpreter’s opinion is added to the interpretation, and “addition” (8%) in which a word or phrase is added by the interpreter. It is suggested that a lay-interpreter is more likely to commit these errors than a trained interpreter (Flores 2003 cited in Early 2003). Further, errors made by ad-hoc interpreters are significantly more likely to have serious clinical consequences than errors made by trained interpreters. That is, ad-hoc interpreters commit more errors with potential clinical consequences, compared to errors committed by trained interpreters (Flores 2005, pp. 267, 269-270).
- Studies have linked language barriers to higher health care costs. One study shows that language barriers can inhibit a clinician’s ability to elicit patient symptoms, often resulting in a patient receiving the wrong diagnosis (Ku et. al. 2005 as cited in Access Alliance 2009, p. 5). This same study shows that the lack of linguistically appropriate services, in addition to, or as a consequence of diagnostic errors, results in higher health service utilization rates, including more frequent hospital admission and hospital readmission among patients with language barriers and more emergency room visits. As a result, these drive up health care costs and contribute to system wide issues including longer waiting lists, service duplication and the inefficient use of limited and expensive staff time. Other studies demonstrate that language barriers result in higher resource utilization for diagnostic testing (Hampers et al. 1999 as cited in Flores 2005 p. 256), again driving up health care costs.
- The risk of legal action also provides a strong argument for addressing language barriers (Perkins 2003 as cited in Access Alliance 2009). The absence of informed consent and the failure to convey treatment instructions accurately may be construed as negligence on the part of service providers who may then be liable for damages (Goode et al. 2006 as cited in Access Alliance 2009). Several costly international and national legal cases demonstrate this point. A \$71 million lawsuit against a Florida hospital began when medical staff misinterpreted a patient’s

symptoms. When the patient explained that he felt nauseous in his language, he used the word “intoxicado,” which has several meanings. Staff assumed he was under the influence of drugs or alcohol and misdiagnosed the patient. The patient, who had actually suffered a brain aneurysm and became a quadriplegic (Early 2003).

4.2.3. Legal

Studies have shown that language barriers and the failure to address these can lead to serious legal consequences for individuals.

- A study of the thirty five American states that have the highest proportion of LEP individuals found that 46% of states allow courts to deny interpreters in some or all civil cases. In one such case, a victim of domestic violence was instead found guilty of perpetrating domestic violence (National Language Access Advocates Network (N-LAAN) 2010, p. 1). Another case saw Annie Ling in the state of Georgia sentenced to 10 years in prison and five years probation after her trial took place in the absence of an interpreter (American Civil Liberties Union (ACLU) 2010). As a result of an ACLU brief, the Supreme Court of Georgia ruled that defendants with limited English proficiency have a constitutional right to court interpreters in criminal trials. There are also examples of legal errors that have been caused by the lack of interpreter services available for rare languages. For example, in the United States, Spanish Speaking interpreters were provided for Mixtec and Quiche speaking individuals resulting in negative legal outcomes (N-LAAN 2010, p. 3).
- A study in the United States argues that because many of the states’ courts have no formal mechanism in place to regularly assess the competence of interpreters and continue to use untrained judicial interpreters and staff, legal errors are being made (Abel 2009 as cited in N-LAAN 2010). In one case, an interpreter misinterpreted an abuser’s “threat to kill his victim”, and instead interpreted that the abuser “scolded” his victim”. In another case, a man pleaded guilty to the higher charge of felony instead of the lower charge of misdemeanour because of his interpreter’s error (Abel 2009 as cited in N-LAAN 2010).
- Another study showed that non-English speakers’ rights to competent interpretation were compromised when judges misrepresented the status of qualified interpreters; ignored government code mandates, and overlooked incompetence that was plainly evident in substitutes interpreters, who were untrained and unqualified (Aranguran 2007). For example, in a recent case, a judge did not inform the parties, as required, that the interpreter in an attempted murder case was not certified and had made errors interpreting for a key witness. It is expected that a motion to dismiss this case will cost more in court time and resources (Ibid).
- One study argues that there is a lack of appropriate language access for critical encounters outside of the courtroom. In the United States, one such case resulted in a child being denied of visitation with Spanish-speaking parent for six months because Spanish-speaking staff were not available to supervise visitations (N-LAAN 2010).
- In Canada, malpractice lawsuits have also occurred because of a failure to address language barriers. The British Columbia Supreme Court found a physician negligent of a misdiagnosis resulting in the amputation of a limb, and awarded the patient \$1.3 million dollars. In one other

case, language factors were identified as contributing to the death of a pregnant Vietnamese woman, and in another case, the issue of the interpreter's inappropriate role in obtaining consent was raised as a contributing factor to pediatric cardiac deaths in Manitoba (Bowen 2004 as cited in Access Alliance 2009).

The risks and costs associated with not using trained interpreters are significant enough that some language services use the availability of "interpreter insurance" as a sales pitch. One language interpretation service notes, "Language interpretation can be a serious business. Just one mistake by an inexperienced interpreter can result in a devastating loss in liability, credibility and dollars for you!" (Language Line Services 2011) The company is backed by a \$2 billion strong insurance policy which covers errors and omissions, extended coverage for bodily injury and property damage, theft of confidential information (i.e., identity, credit card, financial, etc.), and true worldwide coverage (e.g., to account for cross-border interpreting services).

4.3. What is the proposed solution?

In light of available evidence regarding the social and financial costs associated with not providing linguistically appropriate services, a standard approach to the use of trained and tested interpreters across Ontario is increasingly being proposed as the best solution to mitigating both financial and human costs, mitigating legal risks and delivering effective, efficient and high quality services. It is recognized that this solution requires the investment of significant resources and it is not one which can be fully implemented in the short term. It is also recognized that in the short term service providers will continue to apply creative strategies to address language barriers. Many of these strategies were shared during the consultation sessions that were undertaken with service providers during the development of *Let's Talk*.

To better understand the proposed solution and its requirements, the CIC/PSTG (2009) study is useful. It proposes an interpretation service delivery model with a focus on six key dimensions: policy, standards, funding, public education, service delivery, and infrastructure. Although the study recommendations are specific to the settlement sector, they can be applied across the broader human service sectors and are consistent with the proposed solution. Some of the key recommendations for each dimension are provided below:

Policy

- Develop a provincial policy framework to guide the delivery of interpretation services in Ontario.
- Develop, outline, and communicate a vision of what and how Language Interpretation and Training Services (LITS) can be provided in Ontario. The framework should include:
 - Underlying values and principles;
 - Standards for training and testing interpreters, and
 - Core policies and programs and operating standards.
- Engage with human service sectors to clarify responsibility for the delivery of interpretation services and to ensure continuity and consistency in service delivery.

Standards

- Develop a standard/common interpreter training and testing model in Ontario including:
 - A single training curriculum that is module-based (i.e., sections that cover the interpreter role and ethics, sector specific requirements, staff training needs, and using volunteer interpreters) and comprised of diverse levels (i.e., basic, advanced);
 - A single testing program /process.
- Centralize or regionalize the delivery of interpretation training and testing and leverage the existing infrastructure and expertise already available in the province to be cost effective and administratively efficient.
- Promote the training and testing of any staff that is engaged in the delivery of interpretation services (using a consistent provincial training and testing program), as part of staff professional development programs.

Funding

- Provide core funding for interpreter services (i.e., CIC could consider adding funding for interpretation to the current operating budgets of its contracted service delivery providers, and advocate that cross-sectoral partners do the same).

Public Education

- Develop and implement a public education program for the human services regarding the role of the interpreter and how to use an interpreter appropriately.
- Develop and implement a public education program for newcomers regarding their rights to access language interpretation.

Service Delivery

- Develop a “peer interpreter” or “system navigator” role and training program for volunteer interpreters in new and emerging/high need communities. There is recognition that a single model or approach to interpretation service delivery does not provide the flexibility required for a sector that needs to quickly mobilize to address the language needs of new and emerging immigrant communities.
- Set up a “common call number” for service providers across the province to access emergency interpretation services. This would enhance service providers’ access to timely interpretation services.
- Develop operational guidelines that will provide for consistent delivery of interpretation. This could include policies to guide phone or video interpretation or policies related to legal liabilities.
- Develop standard terms related to interpretation to facilitate communication across diverse sectors.
- Identify and translate key documents into diverse languages, monitor the need for and develop new resources and documents over time.

Infrastructure/Technology

- Invest in information technology and appropriate training at service providing agencies to enhance their capacity to deliver more effective and efficient interpretation services
- Generate and create access to data required for organizations to better project their interpretation needs and to better understand their options.
- Develop a performance measurement system to evaluate the impact of investing resources in language interpretation services

5. The Benefits of the Proposed Solution

5.1. Improved service quality

The previous sections discussed the pervasiveness of language barriers, the resulting impact on health, education, settlement, employment and housing outcomes, and the associated socio-economic and financial costs. A standard approach to the use of trained and tested interpreters across Ontario's human services has been proposed as the ideal solution to this problem. While the costs related to the provision of interpreter services has long been a deterrent to providing interpretation services, the studies presented in this review have shown that the benefits of using trained and tested interpreters far outweigh the associated risks and costs.

The bulk of the evidence for the solution is drawn from the health sector, where the literature (Karliner et al. 2007; Ku & Flores 2005; Lee et al. 2002; Bell et.al. 1999; Carter-Pokras et al. 2004; Hampers & McNulty 2002; Ku & Fagan 1999; Seijo, Gomez, & Freidenberg 1995 and Tocher & Larson 1998 all as cited in Access Alliance 2009) suggests that the provision of professional interpreters results in the following improvements to quality:

- Improved service delivery outcome
 - Reduced errors and complications
- Improved patient understanding of primary care, diagnosis and treatment:
 - Increased preventive screening
 - More visits to (medical) offices
 - More prescriptions given out and filled
- Improved patient management of chronic diseases
- Reduced disparities in utilization of services, errors in communication and rates of surgical interventions
- Similar or better patient compliance in terms of adherence to medication and follow up appointments
- Improved communication with service providers
 - Patients ask physicians more questions
 - Patients feel more comfortable asking their service providers questions of a sensitive nature or those deemed 'embarrassing'
- Improved patient satisfaction

In fact, many studies agree that the use of professional interpreters raises the quality of care received to approximate that received by English speaking patients (Flores 2005; Karliner et al. 2007; Ku & Flores 2005). Further, although the benefits are not well documented outside the health sector, other sectors, such as the legal sector, are working to ensure that all interpreters working in legal settings abide by common standards, guidelines, and protocols (Law Foundation of Ontario 2008).

5.2. Short and long term savings/returns on investment

As previously mentioned, calculating the cost savings of providing interpretation services is difficult for a number of reasons. Given the significant interface between the human service sectors, it is not clear where to look for, or where to attribute, potential cost savings. Similarly, positive newcomer outcomes, including health, employment, education and social outcomes are long term in nature, and therefore short term investment can lead to significant long term savings. Overall, a cost benefit analysis is difficult to undertake when many of the socioeconomic benefits or costs in terms of quality, equity and well-being are intangible and hard to quantify (Access Alliance 2005, Hadadd et al. 2010). Overall, there is a dearth of literature regarding the cost savings or return on investment associated with the use of interpretation, with the exception of several studies undertaken by the health sector.

These studies show that while investing in professional interpretation services might require some upfront costs, it results in overall savings to the health care system. Trained interpreters make fewer clinically significant errors than ad hoc interpreters, and therefore their use can reduce the costs to the health system associated with inappropriate or unnecessary tests and procedures and unnecessary emergency room or hospital utilization. For example, providing interpretation to a client for a primary care visit can cost between \$25 and \$50 per hour (typically a two hour minimum is charged). About one in five people in Ontario visit an emergency department at least once a year, often because of issues that may have been prevented through appropriate use of and access to primary care. A single emergency room visit can cost the health care system up to \$1,000.

5.3. Equity

Providing interpretation is a matter of equity. The Canada Health Act (1984) identifies principles to guide provinces in designing their health care delivery systems in ways to ensure Canadian have “reasonable access to health services without financial or other barriers.” The principles of accessibility, universality and comprehensiveness are foundational to the current and future strength of the Canadian health care system. The steady increase in Canada and Ontario’s immigrant population has led to the growing need for language services to systematically reduce actual and potential disparities in health. The same argument can be applied to promote legal, employment, education and social outcomes for newcomers. Legislating linguistically appropriate services and standardizing the use of trained and tested interpreters for all human services is a significant undertaking- one which would position Canada or Ontario as a progressive jurisdictions in this area.

6. Investment Costs of the Proposed Solution

Being able to identify investment costs is critical to making the case for language interpretation services. However, as previously identified, there is a dearth of studies, either national or international, that address this issue. One American study, a 2002 report from the Office of Management and Budget (OMB,) estimated that the cost of providing interpreter services to fee-for-service Medicare

beneficiaries for emergency department, inpatient, outpatient, and dental visits in the United States is \$4.04 per physician visit. This translates into a 0.5 percent cost increase per physician visit (Flowers 2008). According to the OMB, the investment cost can be offset by the short and long term savings across the health system that are generated by using trained interpreters and avoiding unnecessary treatments, medications and hospital utilization that result due to errors made by ad-hoc interpreters.

7. Findings and Considerations

7.1. Key Findings:

This review of the evidence of language interpretation produced the following findings:

- The percentage of the population in Ontario that has limited English or French proficiency will continue to grow.
- Language barriers have and will continue to have significant impact on health/mental health, education, employment and settlement outcomes.
- Language barriers are and will continue to be a barrier to service access and quality service delivery in Ontario.
- There is significant demand for interpretation services among service users and service providers.
- In comparison to jurisdictions in Australia and the United States, Ontario lags behind in its provision of linguistically appropriate services.
- There is some evidence that suggests that there are significant financial and human costs and legal risks associated with the current state of interpretation service delivery in Ontario, and as a result there is significant opportunity for improvement to the delivery of interpreter services.
- Providing linguistically appropriate services through the standard use of professionally trained and tested interpreters has been proposed as a solution to mitigate human and financial cost and legal risks. This would necessitate the creation of a legislative/policy framework which mandates standardization of training, testing, service provision, and performance measurement in language interpretation and translation services.
- There is some evidence to suggest that there are multiple benefits to the proposed solution including improved quality of services (access, effectiveness, efficiency, customer satisfaction and safety) as well as short and long-term cost saving and returns on investment for organizations and across the human service system as a whole.

7.2. Gaps in evidence and future research priorities

The review has identified significant gaps in the literature and, as a result, has identified priorities for additional study and future research.

First, the Canadian literature produced on this topic is very limited. A majority of the review's findings were based in international jurisdictions, most significantly in the United States. Research needs to be undertaken in Canada and Ontario to fill this significant gap in Canadian knowledge.

Second, the review found that, outside of the health sector and to some extent the legal sector, the human service sectors have not examined the role or impact of language barriers or interpretation. Studies documenting the impact of interpreter services on housing, education, employment and settlement outcomes in the international and national context is needed.

Third, the review clearly identifies the need for research regarding the investment costs and returns on providing interpreter services – across all human services. While there are many studies that have documented the impact of language barriers and the related indirect human and social costs, the absolute cost of failing to address language barriers is not known. While difficult to undertake, this analysis is critical to making an effective business case for language interpretation services.

7.3. The need for cross sector collaboration

Service users who experience language barriers have diverse needs and subsequently the interface between the human service sectors is extensive. Considerable cross sector collaboration is required to generate the evidence required to understand the costs, risks, benefits and strategies for implementing the proposed solution and the standard use of interpreter services across the human services in Ontario. For example, one study suggests that the strategic sharing of interpretation resources will ultimately reduce costs, increase efficiency and improve equitable access to services (Hadadd et al. 2010). A coordinated system will maximize human resources, promote collaboration and sharing among organizations and sectors, and ensure the consistent application of policies and standards for interpreter services across Ontario's human service sectors.

8. Conclusion

The settlement, health and legal sectors in Ontario have each invested considerable time and resources in addressing language barriers and moving towards a more standard approach to the use of trained and tested interpreters. In addition, as identified during consultations for Let's Talk and during previous CIC/PSTG studies, there is tremendous interest and a desire among service providers across Ontario's human services to use professional interpreters. It is timely to convene a cross- sectoral table to implement and coordinate this work moving forward.

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